

REGISTRATION AND STATEMENT OF ORGANIZATION

(All data on this form is public information)

This report is a(n) (check one): New registration Amendment to registration

The organization is for a (check one): Candidate Committee Political Committee Political Fund

Committee Name ISAIAH

Candidate Name (first and last) _____

Mailing Address of Committee (include city, state, and zipcode) 2356 UNIVERSITY AVE W., SUITE 405, ST. PAUL, MN 55114

Email mwatkins@isaiahmn.org Phone 651-376-1001

Purpose or Office sought ST. PAUL TRASH REFERENDUM

Geographic Area ST. PAUL

Officers of the Committee

	Name	Address	Phone
Chair (required)	Doran Schrantz	2356 University Ave W Suite 405 St. Paul, MN 55114	651-376-1001
Treasurer/ Secretary (required)	Michael Watkins	2356 University Ave W Suite 405 St. Paul, MN 55114	651-376-1001
Other Principal Officers (if any)			
Other Principal Officers (if any)			

Depository(ies)/ Bank Location of Committee Funds _____

Name	Address	Phone

THIS SECTION FOR POLITICAL COMMITTEES ONLY

Candidate or Party supported by Political Committee

Candidate Name or Party Name _____

Address _____

Office sought
by candidate _____

Party Affiliation
(if any) _____

THIS SECTION TO BE COMPLETED BY ALL COMMITTEES

Liquid assets on hand as of (date) 10/22/19 are \$ 0.00.

I, _____ CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS
COMPLETE, TRUE, AND CORRECT.

Signature:  Date: 10/22/19

ANY PERSON WHO SIGNS AND CERTIFIES TO BE TRUE A STATEMENT WHICH HE OR SHE KNOWS CONTAINS
FALSE INFORMATION OR WHO KNOWINGLY OMITTS REQUIRED INFORMATION IS GUILTY OF A MISDEMEANOR.